

A Bitter Pill to Swallow

The Oral Contraceptives Betrayal

The Pill has exacted a high price from women due to its serious and even life-threatening side effects.

Has it all been worth the trouble?

Part 2

by Sherrill Sellman ©1997

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A prophetic warning was issued about the Pill by Sir Charles Dodd, President of the Royal College of Physicians, in 1961: "The women who have continuous treatment with the contraceptive Pill have an entirely different hormonal background due to pituitary inhibition. One cannot help but wonder what will happen if this state of affairs is allowed to continue."³⁴

Sir Charles should know, since he and his colleagues discovered the first non-steroid oestrogen compound, known as diethylstilboestrol (DES), in 1938. While a synthetic compound, it locked into the oestrogen receptors so exactly that the cell was fooled into thinking that the body's own oestrogens were stimulating activity. At the time, Sir Charles gave stern warnings of stilboestrol's power and cautioned against its use, predicting serious effects that in the years ahead were to be realised. And so the age of synthetic hormones began.

Synthetic progesterone, known as progestin, was first made by Allen and Ehrenstein in 1944 using a lengthy and complicated method. In the 1950s the German firm Schering and the American firm Syntex were the first companies to produce these orally active hormones commercially. When taken orally, these steroid hormone drugs are between 500 and 1,000 times more powerful than the natural progesterone produced by the body.³⁵

Animals reacted in a wide variety of ways when given the new hormone preparations. There were changes to their carbohydrate, fat and protein metabolism and alterations in their salt and water balance, demonstrating the overlap of adrenal steroid hormone action. Animals given these progestins in pregnancy sometimes produced offspring with abnormalities. Hormones are more likely to induce congenital abnormalities or cancer when there are nutritional deficiencies. Even when laboratory animals were given a diet with added essential nutrients, the hormones still caused significant deficiencies.

In spite of animal studies, the decision was taken to go ahead with clinical trials of the Pill. Since it was common knowledge at that time that oestrogens could cause breast cancer, the original Pill trials in America used progestins. However, when progestin-only pills were taken, women complained of too much bleeding. It was then realised that to imitate the regular normal monthly period, an oestrogen needed to be added.

Dr John Rock and Dr Gregory Pincus tried out the first "Pincus Pill" in the 1950s on a Harvard volunteer group and on some chronically ill mental patients. Both men and women took a high-dose form of Envoid (10 mg), which was more than enough to stop ovulation in women and sperm production in men. One of the men displayed shrunken testicles; consequently, all further trials with the "male pill" were unceremoniously abandoned. It was unanimously agreed upon by the researchers that any "male pill" would have to be really safe before experiments could proceed—but no such caveat was ever given to safeguard the health of women.

However, the stage was now set to embark upon the largest experiment ever conducted on an unsuspecting female population—an experiment which continues to this day. The combined use of synthetic oestrogen and progestins was introduced first *en masse* as oral contraceptives for fertile women, and then later infiltrated the lives of menopausal and postmenopausal women. For some women, their childbearing years all the way through to their post-menopausal years have been ruled entirely by these synthetic hormones.

Sir Charles ventured into the world of hormones with great caution, warning that, "We should always be humbled when we think of what we do not know about the female reproductive cycle. We still have no understanding of the mechanism that makes one Graafian follicle in one of the ovaries of a normal woman mature and ovulate each month. This is a baffling problem. Until we know the mechanism that selects one

Graafian follicle, out of perhaps hundred of thousands, to mature each month, we still have to proceed with caution on any long-term hormonal treatment of the human female."³⁶ Unfortunately, the health of millions of women would be sacrificed in the decades that followed as the race for profits silenced Sir Charles' concerns.

BLOOD CLOTS, STROKES AND HEART ATTACKS

The most notorious Pill side-effect reported in the 1960s was thrombosis, or, simply, blood clot. Indeed, blood clotting is still one of the most frequent and most dangerous side-effects of the Pill. Clots can form in either arteries or veins, blocking the blood circulation. They can cause strokes, paralysis, heart attacks and severe abdominal pain.

A common site for a blood clot is the leg veins, and this is potentially dangerous because the clot can travel up into the lungs as a pulmonary embolus. Sudden damage to the lungs can be as much an instant death as a heart attack. The Pill was claimed to be safer than pregnancy, but in the 1960s the number-one cause of maternal deaths was a blood clot in the leg, leading to pulmonary embolism, as a result of oestrogen intake. Nearly half of all new mothers were given oestrogen in the form of stilboestrol (DES) to suppress lactation soon after childbirth. Some obstetricians at that time used to give large amounts of oestrogens to induce labour. The risk of post-partum thrombosis was three times greater if oestrogen was prescribed.³⁷

The concern that the Pill was implicated in thromboembolic disorders was reflected in the medical literature as far back as 1968. In those days the researchers attributed part of the increased risk to an increased blood viscosity and increased platelet stickiness caused by oestrogen. These two blood changes were "due to the oestrogen component of the contraceptive preparations and do not occur in patients receiving progestins alone".³⁸

It would be years later before it was realised that progestins, too, contributed to the rising incidence of blood clots and heart attacks in healthy young women. Both oestrogen and progestin were finally recognised to be a deadly duo and culpable in creating blood clots which all too often lead to strokes and heart disease.

In addition, this combination caused dilation and thickening of arteries and veins in the womb, legs, eyes, brain and throughout the body, contributing to migraines, palpitations and high blood pressure.

In 1970, three Washington, DC, US Army pathologists studied the blood vessels of 20 young women who had died while taking oral contraceptives for as little as five weeks to 13 months.³⁹ Recent clots were found in vessels all over their bodies including the lungs, liver, abdomen and legs of these young women. Most of the vessels had thickened patches in the inner layers of the artery and vein walls, sometimes nearly filling the entire vessel.

In 1977, US Air Force gynaecologists examined the main womb artery taken from women who had undergone hysterectomy. Nearly all of the 44 patients who had taken the combined Pill, or had taken so-called natural HRT or medroxy progesterone (Provera), had moderate-to-severe thickening of the inner layer of

the arteries. Most of the Pill takers had used the Pill for less than five years, but those who had taken the Pill for longer had more severely affected blood vessels.⁴⁰ There is an undeniable link between Pill use and hysterectomy.

When smaller-dose oral contraceptives became available it was hoped that they would cause fewer clotting disorders, but this turned out to be wishful thinking. Dr Christopher Tietze, the statistical expert of the Population Council, has said that there is "no evidence" that women on low-dose contraceptive pills have fewer blood clots than women on higher doses. Brain researchers have provided suggestive evidence that supports this conclusion.

A team of investigators at Whittington Hospital in Manchester compared two groups of women, one group taking an oral contraceptive containing twice the dose of hormones as the second group was taking. The researchers reported in the *British Medical Journal* that, after three months, significant rises in blood clotting factors were found equally in both groups. "Clotting changes do not appear to be dose-dependent," they concluded.⁴¹

A review of many international studies on the Pill gave the following results by 1980: Pill takers had 1.5 to 11 times more risk of an embolism, one to 14 times more risk of a heart attack, and two to 26 times more risk of a stroke due to either thrombosis in a brain artery or a haemorrhage in the membranes around the brain.⁴²

With newer generations of progestins being developed, it was hoped that a safer version of the Pill would finally be offered. In October 1995, the UK Committee on the Safety of Medicines recommended that women should change from Pill formulations containing the third-generation progestins (gestodene and desogestrel) because these progestins have been shown to double a woman's risk of non-fatal blood clots.⁴³

The Sydney *Sun-Herald* ran this lead story on 22 October 1995: "Warnings that low-dose contraceptive pills double the risk of women developing potentially fatal blood clots has caused panic around the world. The specific focus of these public warnings pertained to the newest versions of the Pill—Fermoden, Trioden, Minulet, TriMinulet and Marvelon—which all contained either gestodene or desogestrel."

What may have gone unnoticed amidst the media coverage was the important point that a doubling of the risk which was reported was actually a doubling of the already existing three-to-four-fold risk associated with currently used second-generation progestin formulations of the Pill. The low-dose, third-generation Pill could elevate a woman's risk of blood clots six-to-eight-fold when compared to the risk for a woman who has never taken the Pill. Some research places this figure even higher, making Pill users up to 11 times more likely than non-users to have thromboembolisms.⁴⁴

"The Pill is far safer today than it was in the early 1960s—when it had nearly four times the amount of oestrogen and nearly 10 times the amount of progestin as it does now," boasted Dr William C. Andrews, President of the American College of Obstetrics and Gynecology (ACOG). However, back in the dangerous high-dose era, ACOG defended the safety of that Pill with a vengeance.

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Just because these new third-generation pills contain lower doses of oestrogen and progestins, this doesn't mean they are any safer. The problems aren't over yet, and blood clots are still a major concern.

The risk of deep-vein blood clots and pulmonary embolisms (once a leading cause of Pill-associated death) increased at least sevenfold with the early Pill, but, as the oestrogen level was reduced from 150 micrograms, so did the frequency of clots come down. At 50 micrograms, the risk from clots is 'merely' doubled. Today, if a woman takes a Pill with less than 35 micrograms of oestrogen, her risk of clots is only fractionally higher than in the general public.⁴⁵

While 'adverse events' that originate below the waist, namely, deep-vein clots, are coming under control, the same cannot yet be said for above-the-waist arterial complications such as heart attacks and strokes. These remain elevated by about fourfold while a woman is on the Pill. According to studies performed by the Royal College of General Practitioners in England, the risks persisted for up to seven years after the Pill was discontinued. Five per cent of women who stay on the Pill for five years also develop high blood pressure.⁴⁶

The alarming statistics that have come to light regarding the Pill's significant implication in the dangerous and debilitating effects from blood clots, strokes and heart attacks can seem rather impersonal and far removed from real life. The following is a more personal story highlighting the horror of a young girl's needless death.

Caroline Bacon died from a stroke in May 1994, aged 16. Caroline was 14 when a family planning clinic doctor prescribed Fermoden for her. She began to experience headaches and numbness to her right side and hands and to see flashing lights. She lapsed into a coma for some days but when she regained consciousness she could only move her eyes. Caroline was in that state for 11 months until her death.

According to her mother, Caroline "had circulatory problems which the Pill aggravated".⁴⁷ Unfortunately, Caroline's doctor never warned her of the risks associated with taking the Pill.

NUTRITIONAL DEFICIENCIES

Taking the Pill causes inappropriate changes to levels of essential nutrients in the body. In some cases it significantly lowers the levels of important vitamins and minerals, and in other cases it raises them. Altering the availability and use of these vital ingredients results in major imbalances in the body, with potentially serious consequences.

One of the most important minerals for the body is zinc. Zinc is crucial for the growth and division of cells, for brain development and functioning and, indeed, for the normal functioning of every single cell. Unfortunately, zinc levels are radically affected by hormones.

According to Dr Ellen Grant, a medical doctor involved with investigating the harmful effects of synthetic hormones, "Zinc deficiency affects nearly all my patients who have taken hormones, sometimes even including those who are already taking supplements if their absorption is also impaired."⁴⁸

In zinc-deficient states, sperm manufacture, ovulation and sex-hormone production can be impaired, affecting sexual desire and fertility. Taking extra hormones can increase these faults. Both

cell and blood zinc levels are lowered by oestrogen and progestins. The Pill also tends to increase copper levels. It is acknowledged that low zinc and high copper not only cause mental turmoil and, in extreme cases, schizophrenia, but also mood swings and irritability.

In addition to zinc's role in ensuring fertility and hormonal health, it is essential for foetal brain development. Since vitamin and mineral deficiencies can occur in women not only while they are taking the Pill but for a long time afterwards, the healthy development of a growing foetus can be compromised. Zinc sufficiency is especially important in early pregnancy, otherwise the baby may have congenital deformities.

Dr Grant has investigated the link between zinc deficiency and dyslexia. Dyslexia, a specific learning disability, is a major problem affecting at least one in 10 children.⁴⁹ Dyslexics have particular problems with short-term memory and some have difficulty focusing both eyes for reading. Since zinc is crucial for normal brain development and function, and as baby boys need extra zinc during their development to make testosterone, three times more boys are more likely to suffer from dyslexia than girls. Dr Grant found that virtually all the dyslexic children she tested were short in zinc.⁵⁰ Hyperactive children with behaviour problems, as with dyslexic children, are more likely to be boys, have more allergies and be zinc-deficient. A poor zinc status is also related to children's allergic illnesses such as asthma.

For Dr Grant, the reasons for the deterioration are obvious. "In 1971 only nine per cent of single women in England and Wales had taken the Pill but, in 1981, 90 per cent of women had been prescribed oral contraceptives before their first pregnancy. We know that Pill-induced zinc deficiency can last for years, affecting future fertility and future children."⁵¹

Other Pill-induced deficiencies can cause serious birth deformities.

For instance, folic acid deficiencies have been linked to limb defects and Down's syndrome. There is a much higher incidence of stillbirths, miscarriages and birth defects, such as heart abnormalities, occurring in women who have conceived within a month of coming off the Pill.⁵²

While the mini-Pill, or progestin-only Pill, does not suppress ovulation, it causes changes in the lining of the womb and cervical mucus which also interfere with the passage of the egg into the Fallopian tubes, thus increasing the risk of ectopic pregnancy.

The mini-Pill is also prescribed for lactating mothers, but its progestins have been shown not only to find their way into the mothers' milk but also to cause severe depletion of nutrients in the milk. These hormones are known to act on the hypothalamus and may masculinise a female infant and contribute to neonatal jaundice.

The following is a list of the many vitamin and mineral imbalances caused by the Pill:⁵³

- **Vitamin A (Retinol):** Levels in the blood are increased when on the Pill. Whether this means that the body's turnover of vitamin A is higher (requiring a higher level of ingestion) as there is less stored in the liver, or whether in fact there is a greater availability to the tissues is not yet clear. Eyesight changes can result from a deficiency, as this vitamin is needed for the normal, healthy functioning of the eyes. Increased susceptibility to infec-

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tions, dry and scaly skin, lack of appetite and vigour, defective teeth and gums and retarded growth are also reported in the case of a deficiency. Vitamin A is also an important anti-oxidant and anti-cancer vitamin, and better taken as beta-carotene, to avoid toxicity.

- **Vitamin B1 (Thiamine):** There is a probability that Pill takers are deficient in this vitamin. Side effects include fatigue, weakness, insomnia, vague aches and pains, weight loss, depression, irritability, lack of initiative, constipation, oversensitivity to noise, loss of appetite and circulatory problems.

- **Vitamin B2 (Riboflavin):** Requirements of the body are raised by use of the Pill, leading to deficiencies. Side effects include gum and mouth infections, dizziness, depression, eye irritation, skin problems and dandruff.

- **Vitamin B6 (Pyridoxine):** Depletion varies from marginal to severe. Side effects include nausea, low stress tolerance, lethargy, anxiety, depression, weakness, nervousness, emotional flare-ups, fatigue, insomnia, mild paranoia, skin eruptions, loss of muscular control, eye problems, herpes infection and oedema (fluid retention). Vitamin B6 is needed to help convert tryptophan to serotonin (a brain compound that affects moods, sleep patterns, psychological drive and sexual desire), to normalise sugar metabolism and to help prevent blood clots forming.

- **Folic Acid:** Levels are reduced when on the Pill. The most severe problem resulting from this is if conception occurs during Pill use, or shortly after going off the Pill when the body is trying to recover from this folic acid deficiency. Since folic acid is required by the body to facilitate cell division (a process that starts immediately after conception), there is a much higher risk of birth defects, including neural tube defects, spina bifida, deformed limbs and mongolism, if this nutrient is deficient. Deficiencies can also lead to anaemia.

- **Vitamin B12 (Cobalamine):** Levels in the blood are lowered in Pill users, especially vegetarians. Resulting effects include anaemia, sore tongue, weight loss and depression.

- **Vitamin C (Ascorbic Acid):** Levels are reduced on the Pill by up to 30 per cent, and this is worsened by smoking, stress, high pollution levels, infections and some medications. The effectiveness of vitamin C supplementation can also be reduced, which can result in bleeding gums, bruising, eye problems, loss of appetite,

muscular weakness, anaemia, fatigue and lowered immune response. This vitamin is also necessary for the production of the sex hormones in the body—something your body has to start doing for itself when you come off the Pill. A deficiency in vitamin C can make it even harder for the body to resume normal hormone production.

- **Vitamin E (Alpha Tocopherol):** Oestrogens in the Pill increase the body's need for vitamin E, though this vitamin does help normalise oestrogen levels. Effects of a vitamin E deficiency include anaemia, muscle degeneration, subsequent low fertility, changes in the menstrual cycle, and hot flushes. It is also needed to help offset the possible carcinogenic effect of the oestrogen, as is selenium, which plays a part in vitamin E absorption, though its levels are decreased by the Pill.

- **Vitamin K (Menadione):** The Pill causes increased levels of vitamin K, which may lead to blood clot formations.

- **Copper:** Absorption is increased, raising the body's need for vitamin C, disrupting the zinc/copper balance and leading to insomnia, depression, migraine, hair loss and the possibility of high blood pressure and clotting tendencies.

- **Zinc:** Levels are significantly lowered by the Pill. This can lead to diabetes, poor resistance to infection, skin infections, lowered fertility and other problems. This mineral is crucial for normal growth, cell division and tissue repair. It is very important during pregnancy as it is present in over 200 enzyme systems in the body and is crucial for the development of brain function and a competent immune system—another reason to avoid conceiving while on, or soon after ceasing to use, the Pill. Long-term Pill users can find it difficult to build back their zinc status to an adequate level.

- **Prostaglandins:** Levels of certain prostaglandins are lower on the Pill. These are normally made from essential fatty acids, using zinc as a catalyst, and decrease tendencies to clot formations.

- **Blood Lipids:** Low-density lipids, cholesterol and triglyceride levels are increased when on the Pill, raising the risk of heart disease.

- **Serum Proteins:** These are altered by use of the Pill.

It is most important to stop taking the Pill and replenish nutrients for three to six months before attempting to conceive. It is also recommended that each woman consult with a qualified natural practitioner to assess her specific nutritional needs, whether she is presently on the Pill or has come off it.

INFERTILITY

Infertility is a cause of growing concern around the world. In Australia, one out of 10 couples is unable to conceive, and in England the statistic is one in six. There are presently 10 million infertile Americans. There is no doubt that the Pill is a major contributing factor to infertility.

In *The Couples' Guide to Infertility* (1995 revised edition), Dr Gary S. Berger and his associates reported that, "Long-term Pill users may not menstruate or ovulate after they stop using the Pill. This condition, known as post-Pill amenorrhoea, occurs because the Pill disrupts the natural rhythmic flow of hormones from the hypothalamus to the pituitary to the ovaries. This may pose a special problem for older women who have been on the Pill for many years because their ovaries may have become resistant to resuming ovulation."

What is even more alarming for women is that a return to ovulation when the Pill is stopped does not mean a return to fertility. The Pill can damage the glands that produce the kind of cervical mucus that is necessary for fertilisation. There may also be an



overstimulation of the specific cervical mucus which impedes sperm motility. These two interlinked actions of the Pill on mucus production can cause serious delay if not cessation of pre-Pill fertility.⁵⁴

In the majority of women, impairment of fertility usually diminishes with time but "may be evident up to 30 months after cessation of the Pill in women who have not previously had children."⁵⁵ Post-Pill fertility may be abetted by natural medicines to detoxify the system and stimulate normal functioning.

SEXUALLY TRANSMITTED DISEASES AND THE PILL

Sexually transmitted diseases have grown so prevalent that in 1991 the US Centers for Disease Control issued a startling new recommendation: "Use barrier methods. Use condoms, diaphragms and/or vaginal spermicides even if contraception is not needed."⁵⁶

It was not only the fear of AIDS that prompted this advisory warning, but a galloping increase in infections such as chlamydia which can cause pelvic inflammatory disease (PID) and infertility. The CDC estimates that one million American women experience PID each year, 50 per cent become sterile after three episodes and 12 per cent after just one.

The sexual freedom that the Pill initiated is also responsible for the present epidemic of STDs. On the one hand, the Pill increases the stickiness of cervical mucus which may slow the ascent of diseases into the uterus, Fallopian tubes and ovaries. On the other hand, the Pill increases the risk of infectious conditions such as chlamydia. Chlamydia is a microscopic organism that is not a bacterium, virus or fungus. It can cause non-gonococcal urethritis, a chlamydia infection passed on through intercourse, with symptoms of painful urination and a watery discharge that can lead to PID and infertility.

UNPUBLICISED SIDE-EFFECTS OF THE PILL

Even though the Pill has been in existence for 37 years, new and serious side-effects are still being uncovered. The *American Journal of Epidemiology* recently reported that Pill users have increased risk of two painful types of inflammatory bowel disease: ulcerative colitis, which is dose-dependent on products high in oestrogen, and Crohn's disease, which is twice as common as it was 30 years ago before the Pill came into widespread use. The connection between the Pill and inflammatory bowel disease has not been widely circulated or widely publicised in either the lay or the medical press.⁵⁷

Another problem with the Pill is the effect from the interaction with other medications. A partial list of drugs that have been implicated in blocking the contraceptive action of the Pill includes: antihistamines, barbiturates, penicillin, antidepressants, minor tranquilisers, adrenocorticosteroid hormones (such as prednisone) and anticoagulants (Coumadin). The effects of either the Pill or the other medication may be increased, decreased or simply altered by the interaction between the two. If you take the Pill along with any of the above drugs, you are engaging in speculative experimentation.⁵⁸

CONSCIOUSNESS AND THE PILL

There are women today who take birth control pills from puberty to menopause, at which time they start on hormone replacement therapy—the same steroid drugs, just in different dosages and packaging. The complex physiological processes of women's reproductive and post-reproductive lives have literally come to be controlled and determined by powerful foreign chemicals. What happens when millions of women's bodies, instead of being in tune with the tides and responsive to their natural inner realities, are conforming to a schedule dictated by the products of pharmaceutical companies?

In her outstanding book, *Women's Bodies, Women's Wisdom*,⁵⁹ Dr Christiane Northrup tells of a colleague of hers, an obstetrician/gynaecologist named Laurie, who for nine years chose the Pill as her preferred form of birth control and recommended it to all her patients as well. However, when a personal crisis around her sexuality occurred, Laurie realised that the Pill had actually separated her from the messages of her body and her inner self.

"I felt sadness," Laurie said, "that I had taken for granted, drugged away or labelled as a 'curse' all the wondrous workings of my brain, my hormones, my uterus and my ovaries. No one ever celebrated my first period. No one had helped me to connect the power of giving birth to my sexuality. I longed to recapture some of the lost magic and mystery."

When Laurie decided to go off the Pill, she said it was "something of an act of celebration and rebellion... I threw away the last dial-pack and waited. I was pretty sure that after nine years of instruction from Ortho Pharmaceutical, my ovaries would be totally confused, so I was willing to be patient. I was prepared for swelling, irritability, wild emotions and confusion. I was not prepared for what happened."

Two weeks after taking her last Pill, Laurie was talking with a group of women about her feelings. "Suddenly, I was in tears and could hardly speak. I remember thinking, 'Now isn't this strange?'" Then it hit her. For years she had felt sadness about certain aspects of her life and she had even told others about these feelings. But she had always

done so while she was on the Pill without any emotional or physiological reaction whatsoever. Now, for the first time in nine years, she was actually ovulating. By returning to her natural rhythms she experienced a profoundly enhanced ability to feel and express her deepest emotions.

She found, in fact, that all her feelings were now more available to her, including her anger and her sexuality. "This body that I had abused for so long and in so many ways was suddenly talking to me again, giving me encouragement and reassurance. All was not lost."

When Laurie found that birth control pills had impeded her access to the depth of her feelings and intuition, she wondered if they had also disrupted her sexual communication with her husband. This could well have been so. There is significant evidence that birth control pills reduce hormones that are vital to the way women communicate sexually with men. Certain volatile fatty acids, known copulins, are secreted in the vagina and stimulate

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male sexual interest and behaviour. Women who take birth control pills, however, do not secrete copulins.⁶⁰

The great cycles and rhythms of Nature are among the most fundamental realities of physical life. A woman's body and psyche are intimately woven into the eternal cycles of Life. We are just beginning to realise the price we have paid for being part of a culture where fast food, fast cures and fast sex predominate. Certainly the long-term effects of the Pill, in whatever form it comes, are still to be fully determined—not to mention the effects the Pill may have on future generations. Is this form of contraception worth the price that women must pay in terms of their physical, emotional and mental health?

As women move into a greater acceptance and expression of their innate power, so too must they regain authority over their reproductive cycles.

ALTERNATIVES TO THE PILL

Most women will ask, "Well, just what are the natural alternatives to the Pill?"

The answer to that question requires a woman to make a deeper commitment to the understanding of the workings of her body and her natural cycles. It's about learning the various indications of fertile and non-fertile times. Owning one's fertility means to have an intimate relationship with one's own body. It requires taking responsibility for sexual intercourse. It also requires the ability to communicate with an understanding and receptive partner.

It is certainly a totally different approach from the way most women address the issue of contraception and, for that matter, sexual relationships. As women move into a greater acceptance and expression of their innate power, so too must they regain authority over their reproductive cycles.

An excellent way for women to regain knowledge of natural fertility techniques is through such books as *Natural Fertility* by Francesca Naish. By learning all the signs that indicate fertile times, such as basal temperature, lunar cycles, mucus indicators, etc., a woman is ensured of up to a 98.5 per cent safe way to prevent conception. Barrier methods such as diaphragms, condoms and spermicides (with low-level chemical toxicity) are other alternative forms of contraceptives that are highly effective as well as providing protection from sexually transmitted diseases.

It is becoming evident that the Pill no longer serves the empowerment of women. The Pill has extracted a great price from women and continues to do so. It sounds a death knell—if not the death of a woman's body, then surely the death of her spirit. It seriously compromises her health and her life.

It is only by once again embracing the wisdom of Nature—natural medicines, natural foods and natural rhythms—that women will find their wholeness and, ultimately, themselves.

Successful and healthy contraception and conception are a part of a woman's initiation into her own mystery which has been denied to her for far too long. A vibrant, healthy, intuitive woman is an unstoppable force for positive change on this planet.

Note on Natural and Non-Toxic Fertility Management

The Jocelyn Centre in Sydney, NSW, provides programs focusing on natural choices in conscious conception, contraception, and overcoming fertility problems. The Centre provides personal consultations, mail order services, and professional training for health professionals in Natural Fertility Management techniques.

In addition, the Centre has put together a comprehensive Natural Fertility Management kit comprising Francesca Naish's book, *Natural Fertility*, an audiotape and manual, sympto-thermal charts, basal thermometer, a lunar chart and more, to inform women on how to achieve or avoid conception. For further information about their services, training and products, contact: The Jocelyn Centre, 1/46 Grosvenor Street, Woollahra, NSW 2025, Australia, telephone +61 (0)2 9369 2047, or fax +61 (0)2 9369 5179.

About the Author:

Sherrill Sellman runs a private psychotherapy practice in Melbourne, Australia, where she resides. She lectures extensively on women's hormonal health and is a contributing writer to publications in Australia, New Zealand, Canada, the United States and Germany. She is also the author of the best-selling book, *Hormone Heresy: What Women Must Know About Their Hormones*.

In September 1997, Sherrill will be giving a series of lectures in Queensland and South Australia. For more information, contact Light Unlimited Productions (see details on first page of this article).

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